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PRINCIPLES

OF

HOMŒOPATHIC

THERAPEUTICS.

BY

A. W. WOODWARD, M. D.,

PROFESSOR OF MATERIA MEDICA AND THERAPEUTICS, CHICAGO
HOMŒOPATHIC MEDICAL COLLEGE.

CHICAGO:
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A NEW SIMILIA.

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PREFACE.

The object of this essay, is to direct attention into a new path of investigation concerning the action of drugs upon the healthy.

We have reason to believe that further experiments in the manner indicated, will furnish a new method of studying the law of similars, that will prove a valuable auxilliary to our drug pathogenesis.

That further knowledge of drug action is wanting, besides what we now possess, experience demonstrates to every one, for we find disease is always a complex problem, involving not only local disturbance, but constitutional sympathies of varying character and degree, therefore we must have some means of discriminating between remedies which produce similar local phenomena. By our present light, this cannot be done with certainty as we have no definite knowledge of concomitant drug effects.

Again while the onset of disease is at one time violent and rapid, and at another insidious and slow; and while in some cases its immediate effects are most disastrous, in others, they will be of less moment than are the remote consequences. For these reasons we have need to know precisely what are the primary and what are the secondary effects of our remedies, and if we can find these, we shall have a ready key to the similimum.

We believe that this method of proving will not only indicate clearly these important particulars, but will also de-

termine the dual action of drugs in all their contradictions, besides giving by the succession of organs disturbed, *the concomitants* so much needed by differentiation.

Some may object to the inference, that the succession of organs disturbed in the proving, gives evidence of the adaptation of a drug to a like combination of disturbances in disease. The only answer that can be made is, that experience only can prove the fallacy of the assumption. And another question may be raised with reason. What warrant have you in assuming that because Arsenic produced nausea followed by neuralgic pains in head, and these were followed by formication; therefore it can be curative in violent gastritis, with agony of mind and hippocratic countenance? Or it may be to gangrenous erysipelas with thirst, and sopor, as concomitants?

We admit the absence of direct evidence in symptoms produced, of necessity the symptoms developed from a single dose are trival, and we must give them a broad interpretation, co-extensive with those found in our full provings. We are seeking now, not for pathological similarity, but for the attending disturbances; and experience will verify our claim and the justice of the assumption.

This work has been prosecuted far enough to establish the correctness of the theory, and experience has brought many confirmations of its usefulness, therefore I no longer hesitate giving the idea to the profession that all may unite in its development, which is too great and important for any one body of men to pursue successfully alone.

A. W. WOODWARD.

130 Ashland Ave., Chicago.

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A NEW SIMILIA.

INTRODUCTION.

No one will deny that disease is a cumulative process, soon involving by sympathy various organs and functions. Then it must be, theoretically considered, a combined picture of pathological lesion, plus the special sympathetic disturbances attending. Hence our therapeutic efforts will often prove unavailing until we can discover a remedy which is a similitum, not only to the local lesion, but to all the symptoms in the order of their relative importance.

While our drug pathogenesis is greatly superior to empiricism, the practical application of remedies is greatly embarrassed by the failure of our provings to give the combination and subordination of symptoms peculiar to and characteristic of each drug. We may find the key-note symptoms of the disease and adapt the remedy precisely, and yet we fail too often in effecting a cure, because we cannot estimate correctly the attending symptoms which govern the success of the remedy.

With such uncertainties before us, should we be content with so partial a grasp of the law of similars? Shall we be satisfied to know no more of our remedies in their

A NEW SIMILIA.

grand totality than simply the individual and isolated symptoms produced thereby? As well might we judge of a tree by the color and shape of its leaf, which bears no relation to the grandeur, strength, and proportions of the tree itself. No. If the law "*similia*" is true in general, and has so often guided to the cure of disease by such slight resemblances, it must also be true that a drug will be radically curative only when it presents a complete parallel to the totality of the disease symptoms. If it cures to-day and fails to-morrow in the same disease, it must be owing to differences existing, not in the local lesion itself, but in the epi-phenomena, which modify and prevent a favorable result, and to which the drug is not Homœopathic.

Theoretically there is nothing new in this proposition, as every student of Hahnemann knows. But practically it has been, and is still, the great problem of the best minds in our profession—how we may arrive at this broader knowledge of our remedies?

It is evident this desideratum cannot be attained by the methods generally pursued heretofore, and it would, therefore, be well if we returned to that first advised by Hahnemann, *i. e.* "*provings made upon the healthy body by a single dose,*" taken in sufficient quantity (not toxic) to produce disturbance of the entire economy. It will not require "a full dose" to produce such results in selected subjects, and it will be found that in many cases drug effects appreciable to the educated observer will appear at intervals for several days after taking.

The effects will not be serious, often only suggestive. The symptoms may seem few and unimportant in themselves, *but by their character and succession, they will serve to interpret and rearrange the more important symptoms of our full provings.*

CONSECUTIVE EFFECTS OF REMEDIES.

A series of provings made in this manner by myself and the members of the class in the Chicago Homœopathic Medical College, during the past two years, exhibit some facts worthy of mention here:

First, that the same drug when taken in health, and in a single dose, will affect many persons in the same general manner, though the special symptoms produced will vary.

Second, that all medicines begin their action by *excitement*, either of *the motor, the sensory, or the excretory functions*; and that they divide themselves naturally into three groups or classes, according to the order in which these general functions are disturbed successively.

Third, that each drug, while exhibiting the general method of action belonging to its class, shows *its individuality by the succession in which it disturbs the special organs and functions of the body*, thus presenting a combination of symptoms peculiar to that drug alone.

EXPERIMENTS WITH ARSENICUM.

To illustrate, let me give very briefly some of our provings made by this method.

FIRST PROVING OF ARSENICUM ALB.

A. W. W., in full health, pulse 65 and regular, took three drops 1x dilution Arsenicum alb. in one-half ounce water at 1 P. M.

Immediately occurred *offensive taste* in mouth, followed by sudden *neuralgic pains in right temporal region*.

1:10. *Painful formication* of right arm and forearm.

1:20. *Oppression of the lungs*, with asthmatic cough.

1:30. Sneezing and catarrhal discharges from the nose.

2. Slight nausea and *weariness*.

2:30. *Copious urine*, (had been relieved at 12:30.)

3. Neuralgic pains in left temple, with nausea and *flatulent bowels*.

3:30. *Feverish heat*, pulse 85, temperature $99\frac{1}{4}^{\circ}$.

4. Copious urine, with increased weariness and desire to sleep.

5. Entire body feels swollen and œdematous, especially the hands, with continued heat.

6. Epigastric distension, with soreness and aversion to food; slept long and profoundly during the night.

Second day. General malaise during forenoon; no special symptoms until about 3 P. M., slight rise of pulse, with heat and thirst (first time apparent), attended by weariness and mental depression.

8. Drawing and cramps in left hand, with restlessness

and mental activity. Thirst attends. No sleep until after midnight.

SECOND PROVING OF ARSENICUM.

C. S., in full health, pulse 72 and regular, took one and one-half grains 1x trituration Arsenicum alb., well dissolved in water, at 12 M.

Immediately occurred *distressing nausea*, with *failure of vision*, *pallor of countenance*, and difficult breathing; followed by cardiac oppression and *prostration*.

12:30. *A painless watery evacuation of the bowels*, with increased exhaustion.

3. A second diarrhœic stool, attended by tenesmus.

3:30. *Feverish heat*, with *pulse 90*, much restlessness, thirst, and apprehension.

5. Fever continues; the face exhibits œdema, especially about the eyes.

10. On retiring offensive foot sweat, could not breathe easily in a reclining position; was restless and sleepless until midnight.

This fever continued slightly for a week, exhibiting exacerbations during the afternoon and evening. During this time there was soreness and tenderness of epigastric region, with variable appetites, the bowels also were irregular, alternately torpid and loose, and my bodily weight decreased four pounds.

THIRD PROVING OF ARSENICUM ALB.

Mrs. M. W., in full health, pulse 72 and regular, took three grains 2x trituration Arsenicum alb. in water at 10 A. M.

Soon *burning pains in stomach*, with nausea and desire for cold water; pain extends upward to pharynx.

10:10. *Sharp lancinating pain in head*, relieved by cold wet towel, or *open air on affected part*.

10:25. Burning pains in eyes with photophobia, followed by *sharp stitches in chest*, and heaviness on sternum. This was attended by mental anxiety and fear of consequences.

11. *Felt very weary*, but could not keep still, back ached as if bruised, with rheumatic pains in shoulders and hips.

11:30. Headache, with soreness of scalp and itching, followed by fluent coryza.

12:10. *Unusual call to stool*, abdomen felt hard and full, stool offensive and watery, afterward *ineffectual desire to urinate*.

1. A slight but *irritating leucorrhœa* for a short time.

3:45. *Fever, pulse 84*, and intermittent, internal heat and external coldness, followed by external heat attended by throbbing headache and thirst. At night sleepless from pain and involuntary twitching of limbs.

THERAPEUTIC ANALYSIS OF ARSENICUM.

These provings were made by different individuals who were with one exception ignorant of the remedy to be proved, the special symptoms of course vary, but you will observe a general uniformity of action, the first symptoms produced in each prover being *morbid sensations*, these are soon attended by increased or *altered secretions* or excretions, and the final general result in every case, was an *elevated pulse* with feverish heat and *motor excitement*.

In these general effects, Arsenic is only one of many

medicinal agents where action develops in the same manner. It is well, therefore, before we pass to the special study of this drug, we should glance at the disease forms, to which, as a class, these remedies are adapted. If the law of similia be true, these diseases must exhibit a predominance of morbid sensations, pains, debility, etc., attended by deranged secretions or excretions (the consequent morbid nutrition), with fever of secondary or minor importance. We might classify them as follows:

Non-febrile painful affections.

Non-febrile paralytic affections.

Non-febrile painful organic lesions.

Non-febrile fluxes or dropsies, with pain or debility.

The same conditions with sympathetic fever.

The prodromal stage of continued fevers.

The developed stage of continued fevers and inflammations—when the sensory and excretory symptoms are more important than the fever.

To secondary fevers consequent upon structural changes antedating the fever.

And to *chronic* motor disturbances, such as chorea or epilepsies dependent upon reflex irritations.

These drugs cannot be curative in primary fevers or primary convulsions, for in the provings, motor excitement is secondary, to disturbances of sensation and nutrition. With these limitations before us, let us proceed to study the special features of Arsenicum and learn its therapeutic indications.

UNIFORM ORGANIC EFFECTS OF ARSENICUM.

If we can divest ourselves from the habit of studying the particular symptoms produced, and can read them physiologically, we will find a further similarity in these provings, shown in the succession of organs or functions disturbed.

A. W. W. reports first offensive taste.

C. S. reports first distressing nausea.

M. W. reports first pain in stomach.

These are all gastric symptoms. Next.

A. W. W. suffers neuralgic pains in head.

C. S. suffers failure of vision.

M. W. suffers pain in head.

All of cephalic origin. Again.

A. W. W. experienced formication of arms.

C. S. exhibited pallid and blanched countenance.

M. W. had pains relieved by cold applications.

All cutaneous symptoms. Then—

A. W. W. was troubled with sneezing, coryza and cough.

C. S. was troubled with difficult breathing.

M. W. was troubled with stitches in chest.

These are all of the respiratory tract, and are succeeded in—

A. W. W. by weariness.

C. S. by prostration.

M. W. by restlessness and backache.

These are of spinal origin, doubtless, and are followed in case of—

A. W. W. by repeated and copious urine.

C. S. by watery stool.

M. W. by offensive stool.

This is the first material disagreement in their reports. Other provings show that renal irritation precedes disturbance of the bowels in the majority of cases. They differ also in this respect, that M. W. is the only prover who observed sexual irritation from this remedy. Finally, all report elevated pulse, with restlessness and motor excitement, and increase of former sufferings.

These provings then, justify the conclusion that Arsenicum acts upon the human organism in a manner peculiar to itself, and always with the same specific combination of organic disturbances, which are cumulative.

Its successful use clinically, must in consequence be governed, not so much by the local symptoms of disease, for these may belong to many drugs, but by the associated sympathetic disorders, and these will be prominent or subordinate in the same order as developed in the provings. What then are the indications? (excluding the *locus morbi*) gastric symptoms are always leading, *cephalic next importance*, and *cutaneous, respiratory, spinal, renal, and enteric*, each progressively decreasing in prominence, except when one of these becomes the leading feature as the seat of the disease.

PATHOLOGICAL SIMILARS OF ARSENICUM.

Let us illustrate by cases. Arsenicum will be curative in *skin diseases* or *dropsies*, when besides the local condition, *thirst* or morbid appetites (*gastric*) are the leading indication, then *insomnia* or anxiety (*cephalic*) comes next in importance, *dyspnœa* or cough (respiratory) next, debility or restlessness (*spinal*) next in order, and irregularity of bowels of less consequence than these mentioned.

In *cholera Asiatica* when there is *incessant thirst*, nausea or vomiting, *anxiety* or apathy, cold *Hippocratic* countenance, *intermittent respiration* or pulse, *restlessness*, and *suppression of urine*.

In *intermittents*, when during apyrexia we have *thirst*, nausea or morbid appetites leading, *melancholy*, *sallow skin*, *bronchial cough* or dyspnœa, *prostration* and *irregular action of kidneys* and *bowels*.

In other *fevers* and inflammatory forms of disease, when there are gastric, cephalic, cutaneous disorders, preceding and attending the fever, with the relative degree of prominence above mentioned, then Arsenicum will prove curative, provided the sensory and excretory disturbances continue to be more prominent than the fever itself, in brief, they will be *typhoid forms of fever*.

In *epilepsies*, *chorea*, and other spasmodic diseases, when they are secondary to, and attended by gastric, cephalic, cutaneous and respiratory symptoms, of which each will be of prominence and importance in the order named.

This, then, is the *new similia*, governing the use of Arsenicum in disease; that whatever the disease may be called, the indications for this drug are invariable, and will be limited only by two conditions. First, that the sufferings and derangement of secretions, shall be of more importance than the fever; and second, that the chief sympathetic disorder must always be gastric, the second in order of prominence will be cephalic, the third cutaneous, etc., the special symptoms varying with the type and location of the disease.

EXPERIMENTS WITH NUX VOMICA.

Repeated provings might be given, illustrating the uniform action of Nux vomica upon the organs and functions of the body. To be brief we will furnish but one.

FOURTH PROVING OF NUX VOMICA.

M. C., in full health, pulse 72 and regular, took three drops 1x dilution in water, at 7 A. M.

7:10. *Vertigo* when moving, with burning pain in the temple.

7:25. Vision indistinct, head feels dull and stupefied, *stomach distended* and tender to touch.

7:45. Pulse 64 and weak, feel despondent, cannot apply the mind to study.

8. Nausea and feeling of lump in throat, *unusual weariness without cause*, legs feel heavy and unwieldy, with sleepiness.

8:30. *Rumbling in bowels*, with bitter eructations.

9:15. Desire for stool with colic pains; passed only flatus.

11. Debility continues, with *frequent sighing and irregular respirations*.

11:20. *Urging to urinate*, urine scant, occasional cough.

8 P. M. Dull headache, and occasional regurgitation of food, *perspiration on face and hands*.

3. *Pulse 84, irregular*; creeping chills in back, with restlessness, and occasional griping in bowels.

3:30. **Pulse** 90, flushes of heat with mental irritability, and rheumatic pains in shoulders and hips.

10. Joints feel stiff and sore, as from a cold, pulse 78; when falling asleep awakened by violent jerks of the limbs, causing palpitation of the heart.

Second day, 7 A. M. Mouth bitter, no desire for food, feel gloomy and sad. Two stools during forenoon with straining.

THERAPEUTIC ANALYSIS OF NUX VOMICA.

If you will observe, *Nux vomica*, like *Arsenicum*, exhibits fever or excitement of motor functions, as the last effects developed; and therefore of least significance therapeutically. You will also see in this proving, what was less apparent in *Arsenicum*, that during the primary effects of the drug, we find motor depression shown in lowered pulse, and paralytic symptoms; this is an important feature of all this class of remedies—that during the non-febrile stage, we find debility or paresis attending the pains.

These being the conditions limiting its usefulness, we shall find *Nux vomica* Homœopathic to pathological forms, chiefly without fever or motor excitement, and therefore it belongs to the same class of drugs with *Arsenic*, namely the *sensory excretory*. But how shall we differentiate between the two? By the fact that *Nux* exhibits *as its leading disturbance cerebral irritation*, with *gastric second in prominence, spinal third, enteric fourth respiratory, fifth, and the urinary* of least importance of all those mentioned.

PATHOLOGICAL SIMILARS OF NUX.

To illustrate by special diseases, Nux vomica will be curative in *paralysis* when it is attended by *heddache* or vertigo, *nausea* or vomiting, *constipation* or diarrhœa, *labored respirations* and retention or *incontinence of urine*.

It will remove *dyspepsia*, when attended by *headache*, confusion of mind, irritability, *lassitude* or pains in back, *ineffectual calls to stool*, *shortness of breath* or cough, and *frequent urination*.

It will cure *apoplexies*, when associated with *nausea* or indigestion, *paresis*, *irregular bowels*, *stertorous breathing*, and *incontinence of urine*.

It will be specific to *dysentery*, only when mental or *head symptoms* are the leading sympathetic disturbance, with *nausea*, anorexia, *backache*, labored, or *short breathing*, and *urinary tenesmus attendant*.

It will cure promptly when given in *intermittents* which exhibit during apyrexia *headache*, anorexia, *nausea*, *debility*, painful and *irregular stools*, irritable *coughs* and *scant urine*.

In other *fevers*, when there is a predominance of *irritability of mind* and special senses, *pasty tongue*, *desire to lie down to rest*, *constipation*, *scant urine*.

Cases might be multiplied, showing that the combination of sympathies requiring Nux vomica is always the same, whatever the disease may be called. The special symptoms will vary with the disease. We cannot expect to find every case will exhibit irascibility, except they are dyspeptic, neither will they necessarily complain of headache or vertigo,

for in the apoplectic or paraplegic we find the mental obtuseness, or coma, an equally good indication, when attended by retching, involuntary stools, stertorous breathing, and vesical failure.

EXPERIMENTS WITH CÎNCHONA.

In contrast with those remedies whose *first action* is to disturb the sentient spheres, let me invite your attention to another class of drugs that induce sensory disturbances only as sequelæ or *secondary effects*. These medicines begin their action by exciting the *secretory* and *excretory* organs to increased activity; this is soon attended by *febrile* or *muscular excitement*, the final result of their action being manifested in *hyperæsthesias*, *neuralgias*, *mental alienation*, etc. This class of drugs is typified in Cinchona.

FOURTH PROVING OF CINCHONA OFF.

C. F. S., in full health, pulse 60 and regular. Took ten drops tincture in water at 8 A. M. Soon *distension of stomach*, and repeated watery regurgitations.

8:10. *Warm perspiration on face and hands*, without cause.

8:25. *Fullness* and *rumbling in abdomen*, with griping, passed much flatus, perspiration continues.

8:45. *Copious urine*.

9:30. Stool urgent and loose, increased saliva, tongue whitish, skin moist all over.

10:30. Pulse 80, thin and irregular, feel *restless* and *uneasy*, occasional twitching of the limbs.

11. Head and face hot and congested, veins full and swollen.

11:15. *Fluent coryza*, with sneezing and lachrymation, slight photophobia.



12. *Pulsating headache* with heat, cold hands and feet, repugnance to food.

2 P. M. Pulse 84, full and hard, headache continues, palpitation of heart after slight exercise, with oppressed breathing, slight chilliness, increased by drinking.

5. Aching in sacral region extending down thighs, with languor, abdomen distended, ineffectual desire for stool.

Night. Sleep dreamful, awakened with languor, coated tongue and anorexia, urgent call to stool soon after rising.

THERAPEUTIC ANALYSIS OF CINCHONA.

The disease forms to which this class of drugs will be adapted, must be such as exhibit like phenomena or history. In their incubation and acute stage, there will have been *excretory* and *motor* disturbances predominant, shown a subacute congestion or catarrhal inflammation attended by little or no complaints, *suffering* will develop only after the case becomes chronic has induced reflex disturbances. Let me enumerate a few of these conditions:

Non-painful catarrhal conditions with sub-acute fever.

Non-painful coughs, that may be spasmodic.

Non-painful diarrhœas or constipation with slight fever.

Non-painful exudations or indurations with febrile excitement.

Non-painful or debilitating diphtheritis with extensive deposits.

Non-painful suppurations with fever.

Non-painful endo-metritis.

To secondary or reflex neuralgias, headaches, etc.

To secondary or reflex affections of sight or hearing.

To secondary or reflex mental disturbances.

To secondary or reflex paralysis.

This class of drugs cannot be curative in *primary* neuralgias, debility, etc., they can only palliate when used in such cases, for these symptoms are developed in the provings only after other disturbances have preceded. The same rule applies to the former class (*sensory-excretory*), they can be Homœopathic only in *primary* affections of the sentient nerves, and for the same reasons can act palliatively only, in secondary affections of this nature.

If this proving of Cinchona is correct in its special features, it can prove curative only in diseases that take their origin in, or are attended by gastric catarrh, as the leading sympathetic disorder with disturbance of the functions of the skin second in importance, diarrhœas or engorgement of abdominal organs third, increased or saturated urine fourth, and febrile or muscular excitement fifth in importance, these symptoms will occur as prodroma, and the patient may not consider himself ill until the secondary symptoms develop, namely anorexia, nausea, or craving appetites, increasing debility, faintness, headache, ringing in ears, or sleeplessness, now added to the above, warns him of danger.

PATHOLOGICAL SIMILARS OF CINCHONA.

Thus the diseases to which Cinchona is adapted, may exhibit two phases, according to their duration: to illustrate, a *cholera morbus*, beginning with sudden vomiting (without

nausea), attended by perspiration, and soon followed by copious stools (without pain), frequent urination, and slight fever, is curable by this remedy. This is one phase.

Another is a *lienteric diarrhœa*, with craving appetites, great thirst, painful digestion, great emaciation or sweats, copious stools with much pain, sleeplessness, and debility.

Again, in *hæmorrhages*, we find this drug useful under differing circumstances: first, when the occurrence is attended by retching and vomiting, perspirations, tympanitis, and feverish pulse; and subsequently, when we find craving appetites, fullness of bowels, constipation, debility, headache, insomnia, etc.

We shall find Cinchona useful in a great variety of secondary diseases, dependent upon engorgement of the chylipoietic viscera, as witness its usefulness in *hectic fever* and suppurative processes, provided they are attended by craving appetites, profuse sweats, diarrhœa, and loaded urine.

It is curative in *intermittents*, under like conditions, viz., coated tongue and morbid digestion, attended by icterus and enlargement of liver or spleen, feverish pulse, and saturated urine.

It will cure *sexual exhaustion*, when it occurs in "bilious subjects" who have craving appetites, easy sweats, disordered bowels, a feverish pulse, debility, and mental depression.

It will cure *influenzas*, *bronchitis*, or *pneumonias*, under like conditions, when with slight local pains, the coated tongue, nausea, thirst, fullness of stomach and bowels, jaundiced skin, constipation, and heavy urine are presented.

It will be curative in *neuralgias* of any type, when attended by the above conditions.

Other remedies of the same group, such as *Calcarea carb.*, *Conium*, *Cimicifuga*, illustrate the therapeutic importance of this class of remedies, in secondary or reflex neuralgias, and other sensory disturbances as they arise from gastric catarrh, or a chronic metritis or ovaritis.

EXPERIMENTS WITH ACONITE.

To complete the classification of our remedies by groups, let us consider a third class, which differ from both the others in the combination of general symptoms.

This class is typified in Aconite or Belladonna. You will observe they begin their action by exciting, *first, the motor functions*, then the *sensory*, and, lastly, *the excretory*; therefore we shall find the indications for the remedies of this group to be *motor—sensory excitement*, with excretory functions passive, or of little prominence at the beginning.

SIXTH PROVING OF ACONITE NAP.

J. F. B., in full health, pulse 70 and regular, took two drops tincture Aconite in water at 11 A. M.

11:5. *Pulse 78.*

11:15. Pulse 90, hard and thin; slight *rigors along spine*, internal heat with *external coldness and pallor*.

11:25. Great restlessness, with numbness of left arm and *oppression of breathing*.

11:45. *Sharp pains in ears*, with heat and redness of cheeks; felt anxious and uneasy; desired fresh air.

12. Asthmatic breathing, with palpitation of heart.

12:15. Drawing pains in extremities; stinging pains in throat *with thirst*.

12:30. Sight of food causes nausea.

1:20 P. M. Pulse 84; occasional stitches through chest during inspiration.

3. *Stitches and soreness in hepatic region*, with heat in abdomen; soreness and stiffness of muscles all over.

3:15. Pulse 80; perspiration on face and hands without cause; feeling as if diarrhœa would occur.

4:15. *Called to urinate*, urine scant.

6:30. Pulse 75; urging to stool, copious, and attended by colic and tenesmus; perspiration increased after stool.

8:45. A second call to stool, watery and copious, with complete relief of all symptoms. Slept well, and wakened in usual health next morning.*

THERAPEUTIC ANALYSIS OF ACONITE.

The forms of disease to which this class of remedies would be Homœopathic, are:

Synochal fevers with acute sufferings, and scant secretions and excretions.

Acute congestions or inflammations, with scant exudate, characterized by high fever, great heat and hyperæsthesias.

First stage of painful inflammations, to prevent exudation.

Second stage of painful inflammations, to promote suppuration or discharges.

Painful pneumonias, and scant sputa.

Painful diarrhœas or dysenteries, and scant stool.

Painful nephritis or cystitis, and scant urine.

* It will be observed that this proving is in marked opposition to the recorded effects of toxic doses of Aconite, that always exhibit sensory excretory disturbances first, followed by a feverish reaction (same as the Arsenic group), and totally unlike the method of development of inflammatory fever (which has no prodromata), and to which Aconite is admitted to be a specific. This suggests the question—How far may we be guided by toxic symptoms in estimating the character and mode of action of this or any other drug?

Febrile and painful ailments, from suppression of habitual discharges.

Flushings of climacteric.

Sudden spasms or convulsions with pain, fright, or mental excitement, relieved by natural discharges.

Acute mania, with restlessness and fever.

Febrile sleeplessness.

Febrile hyperæsthesias.

To *secondary* exudations, dropsies, fluxes, hypertrophies, and tumors, when attended by marked motor and sensory disturbance.

PATHOLOGICAL SIMILARS OF ACONITE.

The combination of symptoms calling for Aconite according to this proving, will exhibit *fever and pain* as the leading features, with the elevated pulse, both *before* and *during the chill stage*, and *afterwards*, soon attended by rigors or chills, or restlessness, or “pains all over” (spinal) pallor or flushed countenance (skin), sneezing, cough, or dyspnœa (lungs), anxiety of mind (head), thirst or nausea (stomach), and, until the fever abates, little or no action of the bowels, kidneys, and sweat glands. This signifies that this drug can be Homœopathic, only in forms of disease which exhibit a minimum of secretory or excretory disturbances; that it cannot be curative to true catarrhal fevers (China), or to typhoid fevers (Arsenic), for the reason that both these drugs exhibit increased fluxes; and fever a minus element proportionately. Neither can it be useful in inflam-

matory fevers after free exudation takes place, for then remedies, of another class are called for, and we see by this proving that the fever subsides with the occurrence of sweats, urination, or copious stool.

Aconite will be curative in *pneumonia*, when a rapid pulse, restlessness, flushed face, great anxiety, thirst, constipation, and scant urine attend.

It is Homœopathic to *enteritis*, when we find high fever, restlessness, hot dry skin, guarded respirations, fear of headache, nausea or thirst, and scant urine as concomitants.

It will cure *meningitis*, when attended by high fever, aching all over, flushed face, irregular breathing, delirium, nausea, or thirst, constipation, and scant urine attend. It will speedily conquer *rheumatism* (if unattended by much swelling), when high fever, restlessness, hot dry skin, short breathing, anxiety or sleeplessness, thirst, etc., attend.

It will allay spasmodic diseases, *laryngismus stridulus*, and spasms of other parts, when of primary origin, and attended by the above sympathetic disturbances, in like prominence. It will be curative in *catarrhal affections*, if they exhibit *scant discharges*, with a *predominance of fever and pain*, and the above special irritations are manifested.

EXPERIMENTS WITH BELLADONNA.

To show the importance of keeping in view the order and succession of organs disturbed during the provings, as a guide to the character of the drug and its uses in disease, we will now study Belladonna, which exhibits a broad distinction from Aconite, in this manner.

TENTH PROVING OF BELLADONNA.

A. W. W., in full health, pulse 65, and regular, took two drops of Belladonna tincture in half an ounce of water at 9 A. M.

9:5. *Pulse 78.*

9:10. Pulse 90, irregular and uneven; pulsations of carotid; fullness and *throbbing in head.*

9:20. *Heat of face* without redness, afterwards flushed and swollen; sharp pains in cheek.

9:35. *Painful twitching in arms*, soon followed by restlessness and stiff neck.

9:50. Mouth dry, *thirst*, constant desire to swallow, after drinking, pains in stomach.

10:30. Throbbing headache with heat; pulse 90, hard and full.

11. Palpitation of heart when exercising, with *labored breathing.*

12:30 P. M. No desire for food, throat sore when swallowing.

2. Cramp-like *pain in abdomen*, extending to spine, occasional sharp pains in hypochondriac region.

3:45. Feel very sleepy, but unable to sleep because of itching; scratching causes erythema.

4. Pulse 84, occasional bitter eructations.

4:30. *Desire to urinate*, scant and dark, followed by slight stool and colic.

6:30. Pulse 80; perspiration on upper parts; congested feeling in pelvic region, with *excited sexual desires*.

8. Called to stool, watery, but scant, attended by tenesmus.

8:30. Overcome with sleep, slept profoundly until late morning, wakened with dull headache and languor, no appetite for breakfast.

THERAPEUTIC ANALYSIS OF BELLADONNA.

This proving shows the same general features as Aconite; you will observe, however, that while both begin their action with elevated pulse, it is followed in Aconite by *chills or restlessness* (spinal), pallor (skin), sneezing (lungs), anxiety of mind (head), etc. The picture of Aconite, then, is a predominance of spinal, skin, and respiratory symptoms, before the head symptoms develop. In Belladonna, on the contrary, we find, after the rise of pulse, throbbing and pain in cheek (head), flushed face (skin), twitching in arms (spine), dry mouth and thirst (stomach), irregular breathing (lungs), etc. The combination of Belladonna is then quite different—fever and predominance of head and skin symptoms before the spinal develop.

If this is true, Belladonna will be a better remedy for inflammatory fevers, when they exhibit head and skin symptoms as leading features, and it will do better when given

alone, than when alternated with Aconite, which cannot be Homœopathic to such fever, any more than Arsenic or Nux vomica.

THERAPEUTIC CLASSIFICATION OF DRUGS.

CONFIRMED ALSO BY DESCRIPTIONS OF DISEASE.

Permit me, before closing, to recapitulate. These provings have developed the essential therapeutic differences, between the various types of fever, which seem to be sustained by bedside experience. Our pathologists tell us that the typhoid or nervous fever, begins with a prodromal stage of pains and debility, attended by morbid excretions, and these derangements continue until a chill occurs and fever rises. Then the case is developed, and the debility and delirium now shown, are a better criterion of danger than is the fever itself. This corresponds to our first group of drugs, as we have seen.

Again, they tell us that catarrhal fevers, show fluxes, with feverish states, as prodroma; at last, a chill and pains inaugurate the disease. This corresponds to our second class of remedies. Finally, our authorities say, "Inflammatory fevers are inaugurated by a sudden chill" (sensory) (?) This is doubtful. Niemeyer says,* "An elevated pulse attends the chill of croupous pneumonia, and the chill is followed by heat and pains, which continue unabated until exudation is complete. Then the fever and pains suddenly subside." This corresponds with the results of our provings

* See Niemeyer Practice of Medicine, seventh edition. "Initial Symptoms of Croupous Pneumonia."

of Aconite and Belladonna upon the healthy, and confirms their usefulness in this form of fever.

Every physician has been perplexed by the uncertain and sometimes contradictory statements of our pathologists concerning the mode of beginning, and the termination of acute diseases. Let me quote in brief, as having relation to my subject, some of their descriptions,—of the invasion of *diphtheria*:

Niemeyer says, “Generally, prodromata of lassitude and pain, then enlarged glands and patches, lastly fever, adds to the complication” (*sensory-excretory*).

Flint says, “It is often insidious, exudations first, then fever, and finally pains and sufferings” (*excretory-motor*).

Ziemssen and Wood (speaking of croupous form), say, “It begins with high pulse and fever, then sopor or pains, finally swelling of glands and exudations appear” (*motor-sensory*).

Of *scarlet fever*, Ziemssen says, “Urgent vomiting and convulsions are often initial to the fever, then follows sopor, pains, etc.” (*excretory-motor*). “Other cases exhibit—first, high feverish pulse, then pains in head and throat, then the eruption appears” (*motor-sensory*).

Niemeyer says, “As a rule, fretfulness, nausea, and pains, increasing to vomiting, and perhaps epistaxis, as prodromata, finally fever and increase of all symptoms” (*sensory-excretory*).

Of *measles*, Ziemssen and Flint agree, “they frequently

begin like influenza, then rigors and fever follow, finally pains and general complaints" (*excretory-motor*).

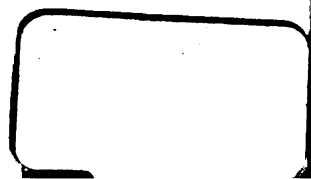
Niemeyer and Wood "usually begin with prodroma of lassitude and pains, gradually catarrhal symptoms develop, and finally fever rises" (*sensory-excretory*).

Similar disagreements might be noticed concerning the beginning of most acute diseases, these suffice to illustrate our needs; not only of more precise knowledge of the evolution of disease, but also of a more available and scientific knowledge of the action of our remedial agents. For there can be no conflict between scientific pathology, and scientific therapeutics, they must eventually go hand in hand. And as they approach nearer and nearer to each other, the glorious truth of the principle for which Hahnemann was persecuted will be recognized and admitted the world over. When that time comes, "*the similia*" will be the philosopher's stone, which every true physician will strive to attain.

[NOTE.—Those who are disposed to experiment, and prove the truth of these statements concerning the order of development of symptoms, will observe that unless the prover is in full health with every function acting normally, he will not obtain either the general, or the particular succession of symptoms belonging to any remedy, as it should be, to illustrate; Having a slight headache I attempted a proving of Aconite, taking ten drops of 1x in water. In five minutes profuse perspiration on face and hands, soon followed by increased headache and pains all over, finally a feverish reaction occurred. In short, repeated experiments with this and other remedies confirms this idea, that the true succession can be obtained, only when a proving is made during perfect equilibrium of health.—A. W. W.]







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